Faxed to 703-872-9306 on 05/03/2005

PTO/SB/83 (09-04)
Approved for use through 11/30/2005. OMB 0651-0035
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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/722,173	
Filing Date	11/24/2003	RECEIVED
First Named Inventor	Moss	CENTRAL FAX CENTER
Art Unit	3644	
Examiner Name	Stephen A Holzen	MAY 0 3 1 005
Attorney Docket Number	MOSR01NP	

To: Commissioner for P.O. Box 1450 Alexandria, VA 2								The best construction of the state of the st	
Please withdraw me as attorney or agent for the above identified patent application, and									
all the attorney	rs/agents of record.								
the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
the attorneys/agents associated with Customer Number 23892									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
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Client has stated he intends to retain practitioners at the address given below.									
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Firm or Individual Name	Klarquist Sparkman LLP								
Address	One World Trade Center 121 SW Salmon Street Suite 1600								
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Country	us								
Telephone 503-595-5300 Fax									
Signature //	Sh.			. 		T			
Name David S Alavi				Registration No.			40310		
Date 05/03/2005			<u> </u>	Telephone No. 541-686-9462					
NOTE: Withdrawel is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawel and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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